

CONSENT FORM

FHCRC/NMSU: Partnership for the Advancement of Cancer Research Training Program Follow-up

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Background: Given the current shortage of well-trained, diverse scientists, a key objective of the collaboration between the Fred Hutchinson Cancer Research Center and New Mexico State University is to recruit underrepresented students to participate in training programs and thereby provide opportunities and resources for students to contribute to cancer and/or health disparities research. The overarching goals of the Partnership for the Advancement of Cancer Research project between the FHCRC and NMSU are to reduce cancer research disparities at both institutions by:

- Creating competitive research programs;
- Recruiting underrepresented individuals into cancer research; and
- Increasing students' interest in health disparities research

Purpose of Project: In order to improve the quality of the Partnership's training programs, as well as understand how they are contributing to the overall goals of the collaboration, we need to learn about participant's future educational and career activities. Specifically, we are interested in learning why some students who participated in any one of the Partnership's training programs: (1) entered graduate programs of study; (2) chose not to pursue or complete advanced degrees; (3) went on to successful careers in cancer or health disparities related research; (4) pursued research related to cancer or other health disparities.

What is being asked of you: If you agree to participate in training program follow-up, project staff will contact you bi-annually over the course of the next five years and ask questions about your educational and work status. If you are willing to be re-contacted, we will ask you to provide your permanent contact information, as well as your preferred method of follow-up on a separate Contact Form. In the event that we are unable to reach you using the contact information provided, we are also asking you to provide the name and contact information for *up to* three individuals who will always know how to reach you on the Contact Form. Please note that you are not required to provide the name(s) and contact information for individuals who will always know how to reach you in order to participate in training program follow-up.

Costs and Compensation: No costs or compensation will be incurred as a result of participating in training program follow-up.

Benefits of your Participation: Participating in program follow-up will enable staff to improve the Partnership's training curriculum so that more participants successfully complete graduate degree programs and/or contribute to cancer and health disparities research. However, there is no direct benefit to you for participating in this study.

Risks of your Participation: Answering questions about your past educational experiences and future career plans may make you feel uncomfortable. There are no other known risks to you.

Voluntary Nature of Participation: Your willingness to participate in training program follow-up is voluntary. When responding to questions during follow-up contact, you are free to answer specific questions or stop the interview at any time. You may discontinue the program follow-up at any time should you decide you no longer wish to be re-contacted. There is no penalty or loss of benefits to you for which you are otherwise entitled if you choose not to participate.

Protecting Identifying Information: Your name and other identifying information will be used by project staff strictly for the purpose of re-contacting you. Signed consent forms will be filed in a locked storage cabinet. The Contact Form with your identifying information will be shredded and placed in a confidential recycling bin once the information has been entered into the project's secure database. The responses you provide during subsequent follow-up will be recorded directly into the project's secure database and either permanently deleted (if responses are relayed electronically) or shredded and placed in a confidential recycling bin (if responses are relayed in-person or over the phone and recorded by hand). By law, the Institutional Review Board at the FHCRF and NMSU may request access to participant records, which will be retrieved from the project's secure database if requested.

Contact People: If you have any questions about this research, please contact Drs. Beti Thompson or Mary O'Connell using the information provided above. If you have any questions about your rights as a research participant, please contact Karen Hansen, Director of the Institutional Review office at the Fred Hutchinson Cancer Research Center at: (206) 667-4867 or the Office of the Vice President for Research at New Mexico State University at: (575) 646-2481.

Permission to Re-contact Study Participants: Please respond to the following question below and sign and date this document. If you are willing to be re-contacted by study staff on a biannual basis, please provide your permanent contact information and the name and contact information for one person who will always know how to reach you on the Contact Form.

May we re-contact you on a biannual basis?

Yes

No

Signature of Participant: _____ **Date:** _____

Participant's Statement: *My signature means that I agree to participate in this study as described above. I have had the opportunity to ask questions about the training program follow-up and understand the risks and benefits involved. A signed copy of this consent form will be given to me for my records.*

CONTACT FORM

**FHCRC/NMSU: Partnership for the Advancement of Cancer Research
Training Program Follow-up**

1. Please provide your permanent contact information.

Full Name (please print): _____

Permanent Telephone Number: _____

Permanent Email Address: _____

Permanent Mailing Address: _____

2. How do you prefer to be re-contacted in the future? *Please check all that apply.*

Phone

Email

Mail

Other → **Specify:** _____

3. In the event that we are unable to reach you in the future, please provide the name and contact information for *up to* three individuals who will always know how to locate you. Please note that you are not required to provide the name(s) and contact information for individuals who will always know how to reach you in order to participate in training program follow-up.

(Contact 1)

Full Name (please print): _____

Telephone Number: _____

Email Address: _____

Mailing Address: _____

(Contact 2)

Full Name (please print): _____

Telephone Number _____

Email Address: _____

Mailing Address: _____

(Contact 3)

Full Name (please print): _____

Telephone Number _____

Email Address: _____

Mailing Address: _____

*Partnership for the Advancement
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